

ARMY COMMUNITY SERVICE (ACS) ACCREDITATION REPORT* For use of this form, see AR 608-1; the proponent agency is OACSIM		REPORT CONTROL SYMBOL ACSIM-003	
<i>The ACS Center is operated by the Department of the Army and is required to meet the standards prescribed in AR 608-1 (ACS Center).</i>		INTERIM REPORT FINAL REPORT	
1. INSTALLATION VISITED		2. MAILING ADDRESS	
3. TELEPHONE NUMBER a. DSN b. Commercial		4. DATE OF VISIT (YYYYMMDD)	5. ACCREDITATION TEAM LEADER a. Name b. Telephone Number DSN Commercial
6. ACCREDITATION TEAM MEMBERS			
a. NAME	b. AGENCY	c. TELEPHONE NUMBER	
7. SUMMARY			
a. Number of category 1 standards in compliance		b. Number of category 1 standards in non-compliance	
c. STANDARDS 10000 STRUCTURE 20000 OVERSIGHT 30000 MANAGEMENT 40000 SERVICES 50000 VOLUNTEERS		d. RATINGS (Check appropriate box below)	
		C-Compliance N-Non-Compliance	
8. FOLLOW-UP REQUIRED FOR CATEGORY 1 NON-COMPLIANCE (Attach additional sheet if needed)			
a. STANDARD NUMBER	b. ACTION REQUIRED		
c. COMPLETION DATE (YYYYMMDD)			
9. FOLLOW-UP REQUIRED FOR CATEGORY 1 NON-COMPLIANCE (Attach additional sheet if needed)			
a. STANDARD NUMBER	b. ACTION REQUIRED		
c. COMPLETION DATE (YYYYMMDD)			

*DA FORM 7419 (ARMY COMMUNITY SERVICE (ACS) ACCREDITATION CHECKLIST) MUST BE COMPLETED AND SUBMITTED WITH THIS FORM.

10. FOLLOW-UP REQUIRED FOR CATEGORY 1 NON-COMPLIANCE (<i>Attach additional sheet if needed</i>)	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE (YYYYMMDD)	
11. FOLLOW-UP REQUIRED FOR CATEGORY 1 NON-COMPLIANCE (<i>Attach additional sheet if needed</i>)	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE (YYYYMMDD)	
12. FOLLOW-UP REQUIRED FOR CATEGORY 1 NON-COMPLIANCE (<i>Attach additional sheet if needed</i>)	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE (YYYYMMDD)	
13. FOLLOW-UP REQUIRED FOR CATEGORY 1 NON-COMPLIANCE (<i>Attach additional sheet if needed</i>)	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE (YYYYMMDD)	
14. FOLLOW-UP REQUIRED FOR CATEGORY 2 NON-COMPLIANCE (<i>Attach additional sheet if needed</i>)	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE (YYYYMMDD)	
15. FOLLOW-UP REQUIRED FOR CATEGORY 2 NON-COMPLIANCE (<i>Attach additional sheet if needed</i>)	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE (YYYYMMDD)	

16. STRENGTHS

17. WEAKNESSES

18. RECOMMENDATION FOR ACCREDITATION

a. FULL ACCREDITATION
WITH COMMENDATION

b. FULL ACCREDITATION

c. NOT RECOMMENDED
FOR ACCREDITATION

19. ACCREDITATION TEAM LEADER SIGNATURE

20. ACCREDITATION TEAM MEMBER SIGNATURE

a.

b.

c.

d.

e.

f.

g.

h.